PATENT APPLICATION (37 CFR 1.63) Declaration Submitted OR Submitted after Initial Filing (surcharge Filing (37 CFR 1.16 (e)) required) As a below named Inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Method and Apparatus for Heating Solutions Within Intravenous Lines to Desired Temperatures During Infusion the specification of which is attached hereto OR was filed on (MM/DD/YYYY) Application Number 10/016,128 and was amended on (MM/DD/YYYY) as United States Application Number or PCT Integrated to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or or certificate, or 365(a) of any PCT international application which designated at least one country other than the United Samerica, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's cert of any PCT international application having a filing date before that of the application on which priority is claimed.	ល្វ	ase type a plus sign (+) inside	duction Act of 1995, no person	Patent and Tradem	ark Office, II C	PTO/SB/01 (12-9 hrough 9/30/00. OMB 0651-003 DEPARTMENT OF COMMERC of information unless it contain				
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) Declaration Submitted OR Submitted after Initial Filing (30 CFR 1.16 (e)) required) As a below named Inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Method and Apparatus for Heating Solutions Within Intravenous Lines to Desired Temperatures During Infusion the specification of which was filed on (MM/DD/YYYY) 12/17/01 as United States Application Number or PCT International application Number or PCT International application which is material to patent table specification, including the claims, amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. Prior Foreign Application Number(s) Country First Named Inventor COMPLETE IF KNOWN Application Number 10 / 016,12 Filing Date December 17, 200 Group Art Unit Examiner Name Filing Date December 17, 200 Group Art Unit Examiner Name Filing Date December 17, 200 Group Art Unit Examiner Name Filing Date December 17, 200 Group Art Unit Examiner Name Filing Date (MM/DD/YYYY) (If an I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.	***/			Attorney Dock	et Number	1322 0040C				
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Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. Application Number(s) Filing Date (MM/DD/YYYY)		I hereby claim the benefit un	der 35 U.S.C. 119(e) of any l	Inited States provisional	sheet PTO/SB/	02B attached hereto:				

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[Page 1 of 2]

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U.S. Parent Application or PCT Parent Number							Parent Filing Date (MM/DD/YYYY)			Parent Patent Number (if applicable)			
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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Paten and Trademark Office connected therewith: Customer Number 27896 Place Customer Number Bar Code													
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Additional	registere	d practitioner(s)	naméd o	n supplemental	Registered	l Practitions	r Inform	nation she	et PTO	/SR/02/	C attached her	eto.	
☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: ☐ Customer Number or Bar Code Label OR ☐ Correspondence address below													
Name	Stuar	t B. Shapiro											
Address	Edell,	Edell, Shapiro, Finnan & Lytle, LLC											
Address	1901	Research B	llvd., S	Suite 400									
City	Rock					State	State MD ZIP			208	20850		
Country	U.S.	U.S. Telephone (301					40	*	(301	(301) 762-4056			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.													
Name of Sole or First Inventor:													
Given Name (first and middle [if any]) Family Name or Surname													
Durward I. Faries, Jr.													
Inventor's Signature Metward Ferres.					2	<u>'</u>					Date	1-6-03	
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Additional	invento	rs are being na	amed or	n the 1 sup	plementa	l Additiona	al Inver	ntor(s) s	heet(s)	PTO/	SB/02A attac	hed hereto	

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor										entor	
Given Na	me (first and middle [if any]			Family Na	ne or S	Surname					
Bruce R.		leymann									
Inventor's Signature	Bue Deman								(-	6-03	
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Post Office Address	9701 Woodland Glen Court										
Post Office Address											
City	Vienna				ZIP	22182 Count		ry U.S.		S.	
Name of Additional Joint Inventor, if any:									entor		
Given Na	me (first and middle [if any	Family Name or Surname									
Calvin				Blankenship							
Inventor's Signature	Calin Blankol						Da	te	1-6-3		
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Post Office Address	26 Bealls Lane										
Post Office Address											
City	Frostburg	State	MD		ZIP	21532	Cou	_{ntry} U	S		
Name of Addition	nal Joint Inventor, if ar	ıy:	[A	petitio	n has been file	ed for th	nis unsigr	ned inv	ventor	
Given Name (first and middle [if any]) Family Name or Surname											
David Hendrix											
Inventor's Signature	Date 1-6-0									1-6-03	
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Post Office Address											
City	Ashburn	State VA		ZIP		20147 co		Country	ountry US		

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